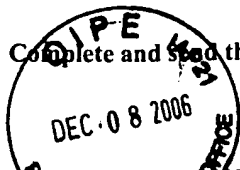


## PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
 or **Fax** (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated in Block 1, or as indicated below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

21140 7590 11/17/2006

GREGORY L BRADLEY  
 MEDRAD INC  
 ONE MEDRAD DRIVE  
 INDIANOLA, PA 15051

12/08/2006 EAYALEH2 00000021 10604522

01 FC:1501

1400.00 OP

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Susan M. Ilova	(Depositor's name)
<i>[Signature]</i>	(Signature)
December 15, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/604,522	07/28/2003	Swi Barak	CME/03-001	1521

TITLE OF INVENTION: PUMP AND METHOD OF PUMP CONTROL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	02/20/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
KOCZO JR, MICHAEL	3746	417-044110

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Gregory Bradley

Jill Denesvich

Henry E. Bartony JR

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Caesarea Medical Electronics

Caesarea Industrial Park, Israel

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☐ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☒ A check is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date December 5, 2006

Typed or printed name Jill Denesvich

Registration No. 52,810

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity)

(37 CFR 1.311)

Docket No.

CME/03-001

Applicant(s): Swi Barak

DEC 08 2006

Application No.

10/604,522

Filing Date

July 28, 2003

Examiner

KOCZO JR, Michael

Customer No.

21140

Group Art Unit

3746

Confirmation No.

1521

Invention: PUMP AND METHOD OF PUMP CONTROL

Mail Stop Issue Fee  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Transmitted herewith are the following for the above-identified application.

☒ Issue Fee Transmittal Form PTOL-85☒ Utility Fee: \$ 1400.00☐ Design Fee: \_\_\_\_\_☐ Plant Fee: \_\_\_\_\_☐ Publication Fee: \_\_\_\_\_☒ A check in the amount of \$1,400.00 is attached.☐ The Director is hereby authorized to charge and credit Deposit Account No. as described below.☐ Charge the amount of☐ Credit any overpayment.☐ Charge any additional fee required.☐ Payment by credit card. Form PTO-2038 is attached.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

Dated: December , 2006

Signature

Jill Denesvich, Reg. No. 52,810

Attorney for Applicant

MEDRAD, Inc.

One Medrad Drive

Indianola, PA 15051

CC:

Certificate of Transmission by Facsimile  
This certificate may only be used if paying  
by deposit account.

I certify that this document and authorization to charge deposit  
account is being facsimile transmitted to the United States  
and Trademark Office (Fax No. \_\_\_\_\_)  
on \_\_\_\_\_

(Date)

Signature

Typed or Printed Name of Person Signing Certificate

Certificate of Mailing by First Class Mail

I hereby certify that this correspondence is being deposited  
with the United States Postal Service with sufficient postage as  
first class mail in an envelope addressed to "Commissioner for  
Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR  
1.8(a)] on \_\_\_\_\_

December 5, 2006

(Date)

Signature of Person Mailing Correspondence

Susan M. Lloyd

Typed or Printed Name of Person Mailing Correspondence